

07/22/03
17698 U.S. PTO

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Halford, Robert

Serial No.: To Be Assigned

Filed: Herewith

For: MULTI-DIMENSIONAL DATA
PROTECTION AND
MIRRORING METHOD FOR
MICRO LEVEL DATA

Docket No. 59425-294979

24002 U.S. PTO
10/624208
07/22/03

Mail Stop Patent Application
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL LABEL NO. EV314492467US

JULY 22, 2003

NEW PATENT APPLICATION

Dear Sir/Madam:

Enclosed for filing pursuant to 37 C.F.R. 1.10 are the following papers in connection with the above-identified patent application:

1. Complete patent application, including 42 pages of the specification, 5 pages of claims, 1 page abstract;
2. 24 sheets of drawings, including Figures 1A through Table 5 as described in the specification;
3. Combined Declaration and Power of Attorney (2 pages);
4. Fee Calculation Sheet (1 page);
5. Credit Card Payment Form in the amount of \$534.00, for the small entity filing and claims fees;
6. Return postcard.

Filing Date

Pursuant to 35 U.S.C. 111 and 37 CFR 1.53(b), this application is being filed with the necessary application, claims, and drawings, and Declaration and Power of Attorney. Please place this application on file upon receipt with a filing date of **July 22, 2003**.

Small Entity

Applicant claims small entity under 37 C.F.R. 1.27.

Deposit Account

Enclosed is our Credit Card Payment Form in the amount of \$534.00. In the event the amount submitted herewith is insufficient in any respect, the Commissioner is hereby authorized to charge the balance needed to our Deposit Account No. 06-0029 and notify us of the same.

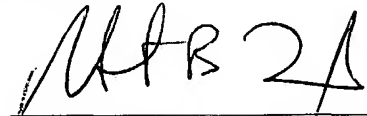
Please address all further communications regarding this application to:

**Robert B. Leonard
Faegre & Benson LLP
2200 Wells Fargo Center
90 South Seventh Street
Minneapolis, MN 55402-3901**

Respectfully Submitted,

Robert Halford

By:



Robert B. Leonard, #33,946
Special Counsel
FAEGRE & BENSON LLP
2200 Wells Fargo Center
90 South Seventh Street
Minneapolis, MN 55402-3901
612/766-8578

Dated: July 22, 2003

M2:20558695.01

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CLAIMS FEE CALCULATION
CLAIMS AS FILED - PART I

	Number Filed		Number Extra	Rate	Basic Fee
					\$ 375
Total Claims	33	- 20 =	13	x \$ 9	\$117
Total Independent Claims	4	- 3 =	1	x \$ 42	\$42
Multiple Dependent Claims	0			\$ 140	\$ 0
				Total	\$ 534